



**DEVELOPMENT SERVICES DEPARTMENT**  
**Planning & Development Division**  
1522 Texas Parkway  
Missouri City, Texas 77489  
281-403-8600 (Office) ■ 281-208-5551 (Fax)  
www.missouricitytx.gov

## **SPECIAL EVENT PERMIT**

A special event is an event which makes use of a property in a manner that deviates from the normal, routine or lawful use of the property.

A special event may not occur more frequently than every six months on the subject property.

A special event may not exceed two weeks per special event, exclusive of advertising.

***Request for special events which make use of City parks, roadways or streets must be submitted through the City's Parks and Recreation Department or Police Department as applicable.***

- All Special Event Permit Applications must be submitted at least **5 business days prior to the event.**
- Scaled site plans must be submitted. Such site plans must indicate a north arrow, property lines, adjacent streets and driveways, parking areas, building location(s), tent location(s), sanitation areas, signage, etc.
- If food or drinks are to be served during the event, a Temporary Health Permit Application must also be submitted at least **5 business days prior to the event.**
- If a tent is proposed to be used during the event, a Fire Permit application and fee for a temporary membrane structure should be submitted in time to allow for a **minimum 10 business day** review.
- If requesting signage to be placed in the designated right-of-way areas (as found in Appendix A, Section 13.12.N of the City of Missouri City Code) please attach a map to the application showing the location of said signs and list their dimensions.



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**SPECIAL EVENT PERMIT APPLICATION**

(Please **PRINT** all answers)

Application Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name & Type of Event \_\_\_\_\_

Address or Location of Event \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Responsible Individual(s) \_\_\_\_\_

Email & Phone Number (required) \_\_\_\_\_

Name & Type of Organization (civic, non-profit,  
other) \_\_\_\_\_

Name of Property Owner (Not Tenant) \_\_\_\_\_

Property Owner Phone# \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

Event Hours \_\_\_\_\_

Number of signs to be displayed (Indicate number and location):

Designated City rights-of-way \_\_\_\_\_ Private Property \_\_\_\_\_

Date sign(s) placed: \_\_\_\_\_ Date sign(s) removed \_\_\_\_\_

*ALL SIGN LOCATIONS MUST BE SHOWN ON SITE PLAN PROVIDED. SIGNS MUST BE REMOVED (1) ONE DAY AFTER THE EVENT HAS CONCLUDED. "APPLICANT UNDERSTANDS THAT NO SIGNS, MATERIALS, OBJECTS OR EQUIPMENT SHALL BE PLACED IN THE PUBLIC RIGHT-OF-WAY (R-O-W) EXCEPT AS ALLOWED AND INDICATED HEREIN AND THAT NO PERSONS SHALL STAND IN THE STREET OR PUBLIC R-O-W IN AN EFFORT TO SOLICIT OR ATTRACT INTEREST IN THE SPECIAL EVENT."*

Number of Staff \_\_\_\_\_

Number of Participants Estimated \_\_\_\_\_

Security will be provided by \_\_\_\_\_

Food or drinks served?

**Yes or No**

NOTE: If yes, a temporary health permit is required to be submitted concurrently with this application.



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**Will electricity be used?**

**Yes or No**

**If yes, from what source?** \_\_\_\_\_

NOTE: Electrical permit may be required.  
*Outdoor lighting must be shielded from adjacent properties.*

**Will hard surface parking be provided?**

**Yes or No**

**If yes, then number of parking spaces.** \_\_\_\_\_

**If no, then explain the type of surface reserved for parking.** \_\_\_\_\_

**Will tents be used?**

**Yes or No**

NOTE: If yes, an application for a Fire Permit for a temporary membrane structure is required. Please allow a minimum 10 business day review.

**Will there be alcohol sales?**

**Yes or No**

NOTE: If yes, an alcohol permit is required.

**Will outdoor sound amplification be used?** **Yes or No**

**How will disposal of solid waste be provided?** \_\_\_\_\_

**\*\*\*FOR DEPARTMENT USE\*\*\*:**

**Date of the most recent special event at requested location:** \_\_\_\_\_

\_\_\_\_\_  
**Approved      Disapproved      Zoning Inspector      Date**

\_\_\_\_\_  
**Approved      Disapproved      Health Inspector      Date**

\_\_\_\_\_  
**Approved      Disapproved      Director of Development Services      Date**